

United States Bankruptcy Court _____ District of _____		PROOF OF CLAIM	Proceedings in Chapter _____
Name of Debtor		Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property):		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent:			
Telephone number:			
Account or other number by which creditor identifies debtor:		Check here if this claim replaces amends a previously filed claim, dated: _____	
1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other _____ </div> <div style="width: 50%;"> Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Your social security number: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div> </div> </div>			
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____		6. Unsecured Priority Claim Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: A Summary of Exhibits shall be prepared that enumerates and briefly describes each exhibit germane to the matter under consideration. The proof of claim and Summary of Exhibits shall be filed together electronically as a single document. A copy of the claim and exhibits (documentation of your lien), in paper format, must still be provided to debtor's attorney and trustee.		THIS SPACE IS FOR COURT USE ONLY U.S. BANKRUPTCY COURT 750 MISSOURI AVE. EAST ST. LOUIS, IL 62201-2988	
Date	Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			